

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 018 ****61.25

DOCUMENT # N99000002652

1. Entity Name

STREAMSIDE SECTION II CONDOMINIUM ASSOCIATION, I
IC.

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH ST. N. STE 201
NAPLES FL 34103

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH ST. N. STE 201
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3646974

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
PO DRAWER 1507
FT. MYERS FL 33902

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	UNGAR, ANDREW	
STREET ADDRESS	9050 SPRING RUN BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHELDON, ADLER	
STREET ADDRESS	9040 SPRING RUN BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WOLFF, JOHN	
STREET ADDRESS	9040 SPRING RUN BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BECHTEL, RICK	
STREET ADDRESS	3435 10TH STREE N 201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EMILY MARTIN, S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9050 Spring Run Blvd #316	
STREET ADDRESS	Bonita Springs FL 34135	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICK BECHTEL

Date

Daytime Phone #

CR2E037 (9/01)